

BALLOT QUESTION COMMITTEE COVER PAGE

FILED

FOR OFFICIAL USE ONLY

06 JUN 22 PM 3: 18 CARMELLA SABAUGH MACOMA COUNTY CLERK MACOMA COUNTHICHIGAN This S

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper. 1-1-06 6-22-06 3. This Statement covers From: Τo Mo Day Committee I.D. Number 4. Committee's Mailing Address 137553 TENNESSEE 30695 ROSEVILLE, MI 2. Committee Name Area Code and Phone 586 296-7374

Ilf the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing IN EDUCATION YCFLLENCE. 5. Treasurer's Name and Residential Address LORI COOK ROSEVILLE, MI 48066 30695 TENNESSEE 296-7374 Area Code and Phone (586 6. Treasurer's Business Address Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone (Area Code and Phone (8. TYPE OF STATEMENT: 8c. ANNUAL STATEMENT 8e. DAMENDMENT TO CAMPAIGN STATEMENT 8a. PRE- ELECTION _ Coverage Year) (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) OR 8d. QUALIFICATION POST- ELECTION OR 8f. DISSOLUTION OF COMMITTEE Pre-Election or Post-Election Statement relates to: NON-QUALIFICATION STATEMENT (Required of Effective Date of Dissolution PRIMARY GENERAL State-wide Ballot Question Committees Only) Month Day Year SPECIAL By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page. Date of Qualification or Non-Qualification: Month Day Year A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on before the filing deadline of a required campaign statement, that campaign statement can not be waived. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. Date 6- 22-06
Month Day Year Current Treasurer or Designated Record Keeper



SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name	EXCELLENCE	IN	EDUCATION	

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) <u>\$</u> 6801.00	Cumulative for Election Cycle
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 6801.00	(20.) \$
IN-KIND CONTRIBUTIONS		· · · · · · · · · · · · · · · · · · ·
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 6473.91	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
 c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) 	(8c.) \$	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ <u>6473.91</u>	(22.) \$
9. Independent Expenditures (Schedule 48-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 6473.91	(24.) \$
IN-KIND EXPENDITURES11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 48-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	·
BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ 513.95	
 Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 	(14.)+ 6801.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 7314.95	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 6473.91	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 841.04	*

^{*}If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

137553 1. Committee I.D. Number

BALLOT QUESTION COMMITTEE 2. Committee Name W.Co	llence 1	n Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 130 0		date of receipt)
Namo: Alumni Elementary PTO		
Address: 29725 John J, Roseville, MI 48066	\$100.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution #2 4. Date of Receipt 1/20/04	<u> </u>	
Name: Dort Elementary Pto Address: 16225 Dort, Roseville, MI 48066 5. If over \$100.00 cumulative, please provide:		
Address: 16225 Dort Possiville on 48016	\$ 50.00	_
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt 1/30/06		
Name: Eastland Jr. High School PTO		
Address: 18700 Frank St, Roseville, ml 4806	\$100.00	
5. If over \$100.00 cumulative, please provide:	1.00.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt 1/30/0V		
Name: Roseville Jr. High School PTO-	4.	
Address: 16250 martin Rd, Roseville, MI 48066	\$200.00	
5. If over \$100.00 cumulative, please provide:	1	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$ 450,00	
	Enter this total	
1	on line 3a of Summary Page	



MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

	ence in	tallation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 130 06		- date of receipt)
Name: Roseville High School Band Boosters	X	
Address: 17855 Common Rd, Roseville, MI 48066	\$100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Quirect		
3. Contribution # 2 4. Date of Receipt 30 06		
Name: Roseville High School Booster Club	x	
Address: 17855 Common Rd, Roseville, mi 48066	7200.00	
5. If over \$100.00 cumulative, please provide:		·
OccupationEmployer_		
Business Address		. :
Type of Contribution: Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt 130 010		
The ball of Necestra		10.00
Name: Steenland, Joseph		
Address: 31490 Kelly, Koseville, MI 48066	30.00	
5. If over \$100.00 cumulative, please provide:	00,00	The State of
OccupationEmployer		•
Business Address		
Type of Contribution: Direct		
3. Contribution #4 4. Date of Receipt 130 06		
Name: Genest, Theresa -		.te.
Address: 16631 Waterman, Roseville, MI 48066	\$30.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	₹360,00	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 131553

of Barbara Marina

Please at the Property of the	level in	mercalion
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. 3. Contribution # 1	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
The same of the capit		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: Francesconi, Alfredo		,
Address: 16444 Bowman, Roseville MI 48066	\$30.00	
5. If over \$100.00 cumulative, please provide:	30.00	i i i i i i i i i i i i i i i i i i i
OccupationEmployer		
Business Address		
Type of Contribution:		i jakaj ji L
Date of Mecaph () -) // ///		
Name: Hartwell, Judy		
Address: 26271 Barbara, Roseville, MI 48066	\$30,00	-
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		and the second
3. Contribution #3 4. Date of Receipt 1300		
Name: Eineichner, Robert		
Address: 19328 Brandt, Roseville, MI 4806	\$20.00	
5. If over \$100.00 cumulative, please provide:	30.00	
OccupationEmployer	1	and the second
Business Address		i e e e e e e e e e e e e e e e e e e e
Type of Contribution: Direct	}	
3. Contribution #4 4. Date of Receipt 130 D		
Name: Frank, Mina		
Address: 30840 Park, Roseville, MI 48066	s	·
5. If over \$100.00 cumulative, please provide:	30.00	
OccupationEmployer		.*.
Business Address		
Type of Contribution: Direct		
Page Subtotal)	\$12-0,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	4 1 7	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name & Cellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name,	Le Amount	
middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 130 0		date of receipt)
Name: Miglio, Barbara Address: 26729 Kaiser, Roseville, MI 48066		
Address: 26729 Kaiser, Roseville, MI 48066	430.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_		
Business Address		
Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 4. Date of Receipt 2-10/01		
1. Bald of Nobelph B 1700		
Namo: Fountain Elementary PTO		
Address: 16850 Wellington, Roseville, m. 148066	\$100.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct	,	
3. Contribution #3 4. Date of Receipt 2/7/00		
Name: Roseville Principles Association.		
Address: 17855 Common Rd, Roseville, m. 148066	\$ 2000	
5. If over \$100.00 cumulative, please provide:	\$200.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Name: Muszall, Frederick -		į
Address: 19858 Woodnew Dr., Clinton Twp, MI 48038	\$10,00	
5. If over \$100.00 cumulative, please provide:	10,03	
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct		
Page Subtotal)	\$ 340.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		
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	Enter this total	

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

BALLOT QUESTION COMMITTEE 2. Committee Name TACCELL	ence in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 2/1/06	ļ <u></u>	date of receipt)
Name: DREYER, MICHAEL C.	4	
Address: 28058 GINLEY, ROSEVILLE, MI 48066	1/0.00	
5. If over \$100.00 cumulative, please provide:	/ • / •	
OccupationEmployer		
Business Address		
Type of Contribution: Qirect		
3. Contribution # 2 4. Date of Receipt 2/17/06		
Name: STEENLAND, JOSEPH	 \$,	4
Address: 31490 KELLY, ROSEVILLE. MI 48066	100,00	130,00
5. If over \$100.00 cumulative, please provide:		
Occupation NVESTIGATOR Employer MARCHIB CTY PROSECUTORS OFFICE		
Business Address COUNTY BUILDING, MT. CLEHENS, MI		
Type of Contribution: Direct		
3. Contribution # 3 4. Date of Receipt 3/4/06		
Name: ROSEVILLE FEDERATION OF TEACHERS, LOCAL 1071	\$ 2000,00	
Address: 17063 E. TEN MILE, EASTPOINTE, 4, 48021	9000,00	
5. If over \$100.00 cumulative, please provide:	•	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 4 4. Date of Receipt 5/14/06		·
Name: Detelice, LISA	#	
Address: 15437 CURTIS , ROSEVILLE MI 48066	100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:		
Page Subtotal)	22/0.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

2. Committee Name VEELE	nee in c	accarion
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 4. Date of Receipt 3/14/06		date of receipt)
D		
Name: PATTON ELEMENTARY PTO	≰	
Address: 18851 Mc KINNON, ROSEVILLE MI 48066	100.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 2 4. Date of Receipt 3/14/0/6	<u> </u>	
Name: JJ MICH. NC	4	:
Address: P.O. BOX 680 ROSEVILLE, Mi 48066	300.00	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	:	
Business Address		
Type of Contribution:		
3. Contribution #3 4. Date of Receipt 4/1/06		
Name: HURON PARK PTO	₫.	
Address: 18530 MARQUETTE ROSEVILLE, MI 48066	200,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt H/4/06		
Name: VASIL, REBECCA	4	
Address: 5314 YORKSHIRE DETROIT. MI 4824	100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	100.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	, ,	

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence in Education

2. Committee Name Trace	see on c	muco 47
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 5/1/8 6		date of receipt)
Name: SCHEFTER, TINA	\$ (1, 2, 3)	
Address: 29540 JOHN J, ROSEVILLE MI 4806,6	40,00	:
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 2 4. Date of Receipt		
Name: DEFELICE, LISA	#	4
Address: 15437 CURTIS ROSEVILLE, MI 48066	50.00	150,00
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer ROSEVILLE SCHOOLS		
Business Address 18530 MARQUETTE ROSEVILLE, MI 48066		
Type of Contribution: Direct		
3. Contribution # 3 4. Date of Receipt 3/23/06		
1 Dominion	\$25,00	
Name: HEDEMARK, PETER Address: 19937 WOODCREST HARPER WOODS, H1825	25,00	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		ı
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt 3/23/06		·.
Name: COMERICA	#	
Address: 28601 GROCSBECK ROSEVILLE, MI 48066	100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		:
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A	\$215.00	

(Complete on last page of Schedule)

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number / 37553

BALLOT QUESTION COMMITTEE 2. Committee Name Uses VIII	ree, 11 C	ducation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 3//8/06		date of receipt)
Name: DINNING DOUGLAS		
Address: 3770 LAKE FOREST DR, STERLING HEIGHTS, HI	<i>*</i> /\^ \^ \^	
5. If over \$100.00 cumulative, please provide: 483/4	100,00	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 2 4. Date of Receipt 5/1/06		
Name: REMI-CLARK BUILDERS LLC	\$	
Address: 35123 WELLSTON AVE, STERLING HTS, MI	100,00	
5. If over \$100.00 cumulative, please provide: 483/2		
OccupationEmployer		
Business Address		1
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt 6/1/06		
Name: DALAN EUBANKS / STATE FARM INSURANCE	8	;
Address: 16937 12 MILE RD, ROSEVILLE, MI 48066	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt 5 /1 /0 /6		
Name: JJ MICH, /NC	*	<i>\$</i>
Address: P.O. BOX 680 ROSEVILLE, MI 48066	200,00	500,00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	# 450,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		
(Complete on last page of schedule)		

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number	/37	553	
2 Committee Nome W	000	in Eda	1.5

BALLOT QUESTION COMMITTEE 2. Committee Name Uccell	ere in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
ulache		Contributor (Through date of receipt)
3. Contribution #1 A Date of Receipt 7/24/06 Name: MCPHERSON, CATHY	40,00	
Address: 1728 MANCHESTER GRASTE ATE WOODS, MI	10,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution # 2 4. Date of Receipt 7/16/D6	At	
Name: RMENT, JOHN	75,00	
Address: 23061 PETERSBORG EASTPOINTE, MI	10,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 4. Date of Receipt ///6/06		
Name: PETRONG, PATRICK	30,00	
Address: 32936 HAGGERTY ROSEVILLE, MI	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/28/06		
Name: SMITH, ROSEMARIE	2m 11	
Address: 2752180HD ROSBVILLE, MI 48066 5. If over \$100.00 cumulative, please provide:	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person	A	
Page Subtotal) Grand Total of All Schedules 4A	4/75,00	
(Complete on last name of Schedula)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

2. Committee Name Wellevel in Education

BALLOT QUESTION COMMITTEE 2. Committee Name VICEUL	ree in c	aucation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3 Contribution # 1		date of receipt)
3. Contribution # 1 4. Date of Receipt 4/20/0 b Name: LAFEUG, MICHAEL Address: 36610 25 MILE RD, NEW BALTIMORE MI	A	
Name: LATEUE, MICHTEL	30.00	
Address: 36610 25 MILE RD, NEW BALLIMORE MI	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	ļ	
Type of Contribution: Direct		
3 Contribution # 2	4	
Name: STEENLAND, JON	30,00	
Address: 53039 BAYBERRY MACOUB, MI 48042		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4 ₁ Date of Receipt 7/ /5/06	<u>.</u>	<u></u>
Name: LUTOSTANSKI, THOMAS	\$ 1/2 22	
Address: 36532 IDAHO DR STERLING HTS. MI	40,00	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	Ī	
Type of Contribution: Direct Loan from a person Fund Raiser	ļ	
3. Contribution # 4 4. Date of Receipt 4/20/06		
Name: GEISE) LINDA	154 (1)	
Address: 3529 MARC DR STERLING HTS, 4/8310	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	150.00	···
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS

131553 1. Committee I.D. Number _ SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Name Weell	leave in	Education
middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt 4/28/05 Name: McBUIRE, KAREN	4	ade di recopti
Address: 11183 BAY SHORE CX CLARKSTON, HI	40,00	
5. If over \$100.00 cumulative, please provide:	, , , , , , , , , , , , , , , , , , ,	
OccupationEmployer		
Business Address]	
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
3. Contribution # 2 4. Date of Receipt 4/28/06		
Name: O'KRAG MARTHA	\$20 a	
Name: O'KRAY MARTHA Address: 49849 HIDDEN VALLEY MARCHB PWP, MI	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 7/16/06		
Name: ANTOINE, MICHAEL	9 77	
Name: ANTOINE, MICHAEL Address: 12/09 PARKSIDE CY WASHINGTON TWP, 4, 5. If over \$100.00 cumulative, please provide: 48094	40,00	
5. If over \$100.00 cumulative, please provide:	,	
Occupation Employer		
Business Address	•	
Type of Contribution: Direct Loan from a person		
3. Contribution # 4 4. Date of Receipt //20/06		
Name: YOUNG, LORETTA	#4n na	
Name: YOUNG, LORE/773 Address: 35723 DEVERGAUX CLIVION TUP, H4035 5. If over \$100.00 cumulative, please provide:	10,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A	\$170,00	
(Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

2. Committee Name Welllage, Co. Education

BALLOT QUESTION COMMITTEE 2. Committee Name Weell	eree on	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
3. Contribution #1 4 Date of Receipt 4/20/06		Contributor (Through date of receipt)
i bato of records		
Name: OVADROZZI, CAROLE	50,00	
Name: OVADROZZI, CAROLE Address: 56 BELLEVIEW MT CLEMENS, MINER	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/20/06		
Name: GOETHALS, DEBORALT	at	
Name: GOETHALS, DEBORALT Address: 47266 WARWICK CT SHELBY TWP, HI	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	İ	
3. Contribution #3 4. Date of Receipt 4/21/06		
Name: MASSEY, DANIEL	4	
Address: 29530 ROSEMONT ROSEVILLE, MI	40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person , ☐ Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/21/06		
Name: RENSHAW, MARK	d	
Address: 29600 RUTHDALE ROSEVILLE, MILLER	\$40,00	
5. If over \$100.00 cumulative, please provide:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	#180,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 13755

2. Committee Name CACCO	enel 4	- Callearcon
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4//1/06		date of receipt)
3. Contribution # 1 4. Date of Receipt 4// 7/06		
Name: AIUTO, GINNIE	*	
Address: 18235 MARQUETTE ROSEVILLE, 41	40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/26/06		
Name: BARBRET, FRED	di l	
Address: 27844 BOHN ROSEVILLE, HI 48066	35,00	
5. If over \$100.00 cumulative, please provide:	00,00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 7/19/06		
Name: SWITANOWSKI, KEVIN	8	
Address: 29256 COMMONARALTH ROSEVILLE, MI	45,00	
5. If over \$100.00 cumulative, please provide:	·	
OccupationEmployer_		
Business Address		
Type of Contribution: Direct Loan from a person / Eund Raiser		
3. Contribution # 4 4. Date of Receipt 7/25/01	· · ·	
Name: VAN HOUTEN, DAVID	#	
Address: 19100 WARWICK BEVERLY HILLS, MI	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A	170,00	
(Complete on last page of Schedule)	1	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS

ITEMIZED CONTRIBUTIONS	/37653	
SCHEDULE 4A 1. Committee I.D. Number		
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	Education 7. Cumulative for
		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt #/ 15/0/p		44.0 4.104.0.0.0
Name: GOETZINGER, CARMEN	#	
Address: 30505 HIDDEN PINES DR ROSEVILLE, MI	35,00	
5. If over \$100.00 cumulative, please provide: 48066		
OccupationEmployer		
Business Address]	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/16/06	 	
Name: HAUGH, HAROLD	Ø	
Name: HAUGH, HAROLD Address: 19464 CANDLELIBHT ROSEVILLE, MI	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/28/06		
Name: VARBLOW, CLAUSIA	50,00	
Address: 26800 KOERBER. ST CLAIR SHORES, MI	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 4. Date of Receipt 7/29/06		
Name: SKIDMORE, DAVID	4	
Address: 14341 BERKSHIPE RIVERVIEW, HI	140,00	
5. If over \$100.00 cumulative, please provide: 48/92	ļ	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Eund Raiser		

Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)

> Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Name Weell	rice in E	ducation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 4. Date of Receipt 4/29/06		date of receipt)
Name: McCARTNEY, MATT	4	
Address: 27861 BRINKER ROJEVILLE, MI	\$ 36.00	
5. If over \$100.00 cumulative, please provide:	•	
OccupationEmployer_		
Business Address]	
Type of Contribution: Direct Loan from a person		
3. Contribution #2 4. Date of Receipt 4/30/06		
Name: CLASEMAN, JUDY	W.F.	
Name: CLASEMAN, JUDY Address: 2/7/7 LAKESHIRE St. CLAIR SHORES, HI	45.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution #3 4. Date of Receipt 4/16/06		
Name: JORDAN, SOPHIE Address: 2396 HICKORY GLEN BLUELD HLS, MI 5. If over \$100.00 cumulative places provide: 48220	4	
Address: 2396 HICKORY GER) BLYGEN HLS. MI	\$75,00	
5. If over \$100.00 cumulative, please provide: 4830 \$\delta\$	10100	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person , Fund Raiser		i
3. Contribution #4 4. Date of Receipt 420/06		
Name: BOELSTER, KARA	2 5:	
Address: 28749 HOLLYWOOD ROSEVILLE, MI	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	\$ 146,00	·
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

BALLOT QUESTION COMMITTEE 2. Committee Name Weell	ence 4	~ (alliator)
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4/2/106		date of receipt)
Name: COOK, LORI	g ',	
Address: 30695 TENNESCEE ROSEVILLE, MI	\$30,00	
5. If over \$100.00 cumulative, please provide:	-0700	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 4. Date of Receipt 4//3/1/		
Name: ALEXANDER, DENNIS Address: 25981 ACACIA SOUTHHELD, M. 48034	\$40,00	
Address: 25981 ACACIA SOUTHERINA W.	70,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/20/06		· · · · · · · · · · · · · · · · · · ·
Name: WILSON, WARREN	# 11.	
Address: 30631 HIDDEN PINES POSEVILLE, MI	\$40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_		
Business Address	ļ	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 1/20/06		
Name: WITTING, CHERYL	42.	
Address: 17926 COMMON RD ROENLE, MI	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	ļ	
Type of Contribution: Direct Loan from a person Fund Raiser	N -	
Page Subtotal)	\$ 140,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 197553

BALLOT QUESTION COMMITTEE 2. Committee Name (NCCOX)	reen	Mucartin
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 7/20/06		date of receipt)
Name: ZALEWSKI, MARILYN Address: 29070 PINEHURST ROSEVILLE, MY8066 5. If over \$100.00 cumulative, please provide:	30,00	
Address: 29070 PINEHURST KOSEVILLE, MILLONG	0 1,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4 / 16/06	la .	
Name: BLASZKOWSKI, MARK	40.00	
Address: 14569 ROYAL STERLING HTS, MI 48312	70700	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/16/06	h	1,,,
Name: STEENLAND, MICHAEL	25,00	•
Address: 28647 GROVELAND ROSEVILLE, M. 48066	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution # 4 4. Date of Receipt 1/16/06	4	
Name: CHESHER, DAN	25,00	
Address: 18253 MANORWOOD NORTH CHNTON /WP, MI	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	#	
Page Subtotal) Grand Total of All Schedules 4A	4/20.00	
(Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Name Week	longo in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 4 Date of Receipt 4/1/2/06		date of receipt)
Name: CALCOT SAVE	30,00	
Address: 16701 BETTMAR ROSEVILLE, MI 48066	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4//7/06	 	·
Name: WHITE, BRENT	\$25,00	
Address: 28531 JAHNS ROSEVILLE, M. 48066	10100	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	[
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/16/06		· · · · · · · · · · · · · · · · · · ·
Name: CROW, DAW	40,00	
Address: 11285 HANOVER WARREN, M. 48093	10,00	
5. If over \$100.00 cumulative, please provide:	;	
OccupationEmployer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 7/23/06		
Name: GARDNER, RESECCA	#	
Address: 11171 DIAMOND STERLING HTS, MI	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	}	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	125,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		
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Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number	<u> </u>

SCHEDULE 4A	1	0.4
BALLOT QUESTION COMMITTEE 2. Committee Name Excell.	ease. In	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
		date of receipt)
3. Contribution # 1 4. Date of Receipt 7/16/06		
Name: GATES, JANICE	30,00	
Address: 25620 WISEMAN ROBVILLE. MI	00,00	
5. If over \$100.00 cumulative, please provide:	[
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/ 16/06		· · · · · · · · · · · · · · · · · · ·
Name: GLYNN, ANDREA	\$30,00	
Address: 1125 O'CONNOR MARKVILLE, MI 48040	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		i
3. Contribution # 3 4. Date of Receipt 4/22/06		
Name: GREEN, RUTT+	25,00	
Address: 178/2 OAKOACE ROSEVILLE, MI 5. If over \$100.00 cumulative, please provide: 44066	25,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person , Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/28/16		
Name: HANCEY, PATRICIA	#	
Address: 39896 SCHROEDER CLINTON TWP, HI	30,00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_di	
Page Subtotal)	115.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number _____/3755e

BALLOT QUESTION COMMITTEE 2. Committee Name Week	enee in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt #/ 14/06		date of receipt)
4.1	440,00	
Address: 25620 CHALMERS ROSEVILLE MI	40,00	
5. If over \$100.00 cumulative, please provide:	, . ,	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person , Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/16/06	4	
Name: JAMES, MICHEL	30,00	
Address: 35738 UNION LAKE HARRISON TWP, MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	·	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 4. Date of Receipt 4/22/08	4	
Name: REPLER, RENE	50,00	
Address: 27344 LEROY RASEVILLE, MI HEALL		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/16/06	4	
Name: LIPINSKI, TONY	\$40,00	
Address: 19385 ROCKPORT ROBVILLE, MI	10700	
Address: 19365 ROCKPORT ROBEVILLE, MI 5. If over \$100.00 cumulative, please provide: 48066		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
· -g- +++++++	\$ 160.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

Page <u>20</u> of <u>22</u>



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number /37553

BALLOT QUESTION COMMITTEE 2. Committee Name Week	lence in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
3. Contribution #1 4 Date of Receipt #//b/hb		Contributor (Through date of receipt)
Name: SCHULTZ, DAN	440,00	
Address: HIDDE MADDING OF TIE	10,00	
5. If over \$100.00 cumulative, please provide: Address: 4/225 WOODVIEW & CLINTON TWP, HI		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Down a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/16/06	 	
Name: TAYLOR, RICHARD	4,,	
Address: 28734 HOLLYWOOD ROSEVILLE, MI	40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person , Fund Raiser		
3. Contribution # 3 4. Date of Receipt 5/1/06		
Name: HOORT, LATONYA Address: 19215 MARTIN RAEVIUS. MI	4.7	
Address: 19215 MARTIN RATULE. HI	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person		
Turid Raisei	<u> </u>	
h ball of receipt # 72/00	A	
Name: LAVA, DAN	130,00	
Address: 26630 DAK ROSEVILLE, MI HANGE		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	140,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number /37553

2. Committee Name Update	reeu	tacces con
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4/25/06		date of receipt)
4. Date of Receipt 7/20/06	&	
Name: HART, CARMEL	i /	
3. Contribution # 1 A. Date of Receipt 4/2-5/06 Name: HART, CARMEL Address: 26017 ROWALD ROSCULLE, M1 5. If over \$100.00 cumulative, please provide: Occupation Employer	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Doan from a person		
3. Contribution # 2 4. Date of Receipt		· · · · · · · · · · · · · · · · · · ·
Name:	!	
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt		
Name:		
•		
Address:		
5. If over \$100.00 cumulative, please provide:	İ	
OccupationEmployer		
Business Address	†	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	\$20.00	·
Grand Total of All Schedules 4A	6801.00	
(Complete on last page of Schedule)	000 W 20	

Enter this total on line 3a of Summary Page

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ITEMIZED	DIRECT	EXPENDI	TURES
	SCHEDU	ILE 4B	

1. Committee I. D. Number 137553

2. Committee Name Excellence (in Education

on Line 8a of the Summary Page

BALLOT QUESTION COMMITTEE	Minited Name		1/		
Name and address of person to whom paid	State purpose of expen Identify the ballot propo Indicate whether supporte	sal involved.	6. Date	7. Amount	8. Cumulative
Expenditure # 1			 		for election
Name: Virginia Aiuto	purchase item	advaising 5 for	3/2/06	383.89	
Address: 18235 marguette	5. Ballot Proposal:			L8'CLC	
Roscuille mi 480do	Bond				
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Maconi	<u></u>			
	Support	Oppose			
Fund Raiser	☐ Statewide	☐ Local			<u> </u>
Expenditure # 2	4. Purpose:	· · · · · · · · · · · · · · · · · · ·			
Name: Staples Office Supply.	supplies for r	nailing			ļ
Address: 31900 Gratict			3/24/00	\$ 99.03	
	5. Ballot Proposal:		1219-100	17.05	
_ Roseville, mi 48066	Bond		1 1		
☐ Check box if expenditure is payment of debt or obligation					
reported on previous statement	County: Macon	9			
☐ Fund Raiser	∑Support	☐ Oppose			
C Tund Naisei	Statewide	Local	1		
Expenditure # 3	4. Purpose:				
Name: Detroits Advertising Xpress, Inc Floor3		1			
Xoress.Inc. Flore 3	mailing broc	WILL S		ا بر	
Address: 7600 Chrysler Dr. Bld2	,		3/25/06	\$ 609.50	,
	5. Ballot Proposal:		"	607,50	
Detroit, m1 48211	Bond				
Check box if expenditure is payment of debt or obligation reported on previous statement	22.00	h			
	· · · · · · · · · · · · · · · · · · ·				
☐ Fund Raiser	Support Support	☐ Oppose			
Expenditure # 4	Statewide	Local			
	4. Purpose:				
Name: Postmaster of Roseville	Dostage				
Address: 30550 Gratiot	5. Ballot Proposal:	, ,	3/25/00	³ 500.00	
Roscville, m. 148066	Bond		225lop	-	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	county: <u>macom</u>	<u> </u>			
	⊠ ∖Support	☐ Oppose			ſ
☐ Fund Raiser	Statewide	☐ Local		_	
		Subtotal this pa	age	5159242	
		Total of Schedule	es 4B I		
	Complete	on last page of So	meaule)		
			_	Enter this total	



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Nu	137553
2. Committee Name	Excellence in Education

BALLOT QUESTION COMMITTEE	Strinitiee Name _ 1/2000/2007	<u> </u>		<u>, </u>
Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: DETROIT ADVERTISING XPRESS	4 Purpose:		H	
Address: (SEC ABOVE)	5. Ballot Proposal:	4/4/06	540.60	1150.10
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: MACOHB Support Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 2 Name: POSTMASTER OF ROSEVILLE	4. Purposes POSTAG€			
Address: (SEE ABOVE)	5. Ballot Proposal:	4/10/06	637.66	1197.66
☐ Check box if expenditure is payment of debt or obligation	BOND	/ '		W S NOE
reported on previous statement □ Fund Raiser	County: <u>MACOMB</u> Support Oppose			
Expenditure # 3	☐ Statewide ☐ Local			
Name POSTALASTER OF ROSEVILLE	4. Purpose:		_	
Address: (SEE ABOVE)	5. Ballot Proposal:	4/21/06	\$080.00	3217,66
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	BONS	/ /		7
☐ Fund Raiser	County:			
Expenditure # 4	Statewide			
Name: COLLEEN Mc CARTNEY	Purpose:		di .	
Address: 27861 BRINKER ROSEVILLE, M. 48066	POSTAGE, REFRESHMENTS FOR SENIOR CITIZENS 5. Ballot Proposal:	4/24/06	691,96	
Check box if expenditure is payment of debt or obligation reported on previous statement	County: MACOMB	'		
reported on previous statement	Support			
☐ Fund Raiser	☐ Statewide ☐ Local			
	Subtotal this p Grand Total of Schedu (Complete on last page of S	les 4B	3950, 22	,
		. [Enter this total	

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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B RALL OT QUESTION COMMUTEE 2. Committee Name Helleree in Elecation

BALLOT QUESTION COMMITTEE	The state of the s	0,0	1004 007	
Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: POSTMASTER OF ROSEVILLE	4 Purnose:		4	
Address: (SEE ABOVE)	5. Ballot Proposal:	4/25/06	74.00	3291.6
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: HAEDHB			
☐ Fund Raiser	Support □ Oppose □ Statewide □ Local			
Expenditure # 2 Name: LYNN HUTCHISON	4. Purpase: REPRESHIENTS			
Address: 5900 TALL OAK WAY BRIGHTON, MI 48116	5. Ballot Proposal:	5/2/06	23,00	
Check box if expenditure is payment of debt or obligation reported on previous statement	Bons			
☐ Fund Raiser	County:			
Expenditure #3	4. Purpose:			
Name: BRENT WHITE	KCHBURSCHENT-WEB	į.	dr	
Address: 2853/ JAHNS	SITE EXPENSES 5. Ballot Proposal:	5/2/06	89,20	
ROCVILLE, M. 4666 Check box if expenditure is payment of debt or obligation reported on previous statement	BOND	1770	07120	
☐ Fund Raiser	County: MACOMB Support Oppose			
Expenditure #4	☐ Statewide ☐ Local	<u> </u>		
Name: JAKE DIKAT	4. Purpose: OPPICE SUPPLY— RUBBER STATEP 5. Ballot Proposal:		#	
Address: 1670/ BETTMAR ROSEVILLE, MI 4806B	5. Ballot Proposal:	4/24/06	48.14	
Check box if expenditure is payment of debt or obligation reported on previous statement	County: SUPPORT			
	Support			
☐ Fund Raiser	☐ Statewide ☐ Local		\$ 1 -1	
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Kelleree in Edecation

Name and address of person to whom paid	State purpose of expenditure.	6. Date	7. Amount	8.
The same data of portion to whom paid	5. Identify the ballot proposal involved.	0. Date	7. Amount	o. Cumulative
	Indicate whether supported or opposed.			for election
Expenditure # 1 Name: KEBECCA VASIL	4. Purpose:	 		101 election
Name: PLAR CCA VACIL	1 // K //	i		
KONCOOT THIS	REC DEPT KENTAL,	Elulas	4	
Address: 5314 YORKS41RE	5. Ballot Proposal: REPRESTIMENTS	4 0/11/0 b	196,93	
Address: 33/4 7 DRKSH/KE	5. Ballot Proposal: (CP)(CS) MCJUS	' / '	191,93	
DETROIT. M. 4824	Bows		11410	
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☐ Check box if expenditure is payment of debt or obligation	County: MAROHB]		:
reported on previous statement		İ		
	□ Support □ Oppose			
□ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 2	4. Purpose:			
Name: MACOMB COUNTY CLERK	Fine road Additions			!
MILLOMB COUNTY CLERY	FINE-2004 ANNUAL		a l	
Address: HO NORTH MAIN	REDIOT	Elada	¥	
	FINE - 2004 ANNUAL REPORT 5. Ballot Proposal:	0/31/06	500.00	
MT. CLEMENS, MI 48043	· · · · · · · · · · · · · · · · · · ·	/ /	200 100	
MI. CHEMELL, 111 10013	BOND			
Check box if expenditure is payment of debt or obligation				
reported on previous statement	County: MACOUS			
Π	Support			
☐ Fund Raiser				
Consultant # 2	☐ Statewide ☐ Local			
Expenditure # 3 Name :	4. Purpose:			
radile.				
Address:				
	5. Ballot Proposal:			
	or Daniel Freprodu			
☐ Check box if expenditure is payment of debt or obligation				
reported on previous statement	•			
Topological St. p. o You and State Office	County:	-		
☐ Fund Raiser	☐ Support ☐ Oppose			
sa - und radial	☐ Statewide ☐ Local			
Expenditure # 4	4. Purpose:			
Name :	4. Fulpose.			
Address:	5. Ballot Proposal:			
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☐ Check box if expenditure is payment of debt or obligation	0.00.001			
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	☐ Support ☐ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local		<i>a</i> 1	
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number	 	
2 Committee Name		

3. Name and address of person to whom paid	4. State purpose of expe	enditure.	6. Date	7. Amount	8.
	Identify the ballot proposal involved. Indicate whether supported or opposed.				Cumulative for election
Expenditure # 1	4. Purpose:	сса ог оррозец.			IOI EIECTOII
Name :					
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·	☐ Support	Oppose			
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Expenditure # 2 Name :	4. Purpose:				
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Address:	5. Ballot Proposal:				
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☐ Check box if expenditure is payment of debt or obligation					
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L. Fund Kaiser	Statewide	Local			
Expenditure # 3	4. Purpose:		<u> </u>		
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Address:				1	
	5. Ballot Proposal:				
☐ Check box if expenditure is payment of debt or obligation					
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☐ Fund Raiser	1	☐ Oppose			
Expenditure # 4	Statewide 4. Purpose:	☐ Local			
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Address:	5. Ballot Proposal:				
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Abortog on brosions statement	☐ Support	☐ Oppose			
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

Committee I. D. Number	
2 Committee Name	

3. Name and address of person to whom paid	State purpose of expenditure.		7. Amount	8.
,	5. Identify the ballot proposal involve	ed.		Cumulative
Expenditure # 1	Indicate whether supported or oppo 4. Purpose:	sed.		for election
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